Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 4, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Medication cabinet was unlocked and unsecured.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY On May 4, now at 8:10 Am was a rush hour. PCG and SCG'S doing Apl's to all clients. When PCG checked the medical on cabinet and found not hoch. PCG immediately which the medical on cabinet. PCG reminded SCIG 2 to always which the medical in cabinet effor use.	5/4/m

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DATE	MEDICATIO	N CABINET CHECK LOG	
MONTH	MEDICATION CABINET IS LOCKED AND SECURED		
	YES	NO	COMMENTS
	SIGNATURE	SINATURE	
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Licensee's/Administrator's Sig	gnature:
Prin	nt Name: MARCETO 10 ENA
	Date:

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